



MEMBERSHIP FORM

Join with hundreds of individuals with autism, their families and other caring individuals; become a part of a larger community - the Autism Society Central Virginia. We can't be heard alone, but with more voices joining daily, that small voice can become a roar. We invite you to become a part of a community of hope.

Membership in the Autism Society Central Virginia provides the following benefits:

- ASCV's monthly newsletter, the local resource for information regarding local and state autism-related issues, workshops, and community events
- ASCV's weekly e-mail updates
- Discounted workshops and conferences
- Free ASCV sponsored social/recreational activities

Membership Levels:

___ \$5 ~ Self-Advocate (Adult w/ ASD) ___ \$25 ~ Household ___ \$1500 ~ Lifetime

Name(s): _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

E-mail address: _____

(By providing your e-mail, you will receive our weekly e-mail; your e-mail will be kept confidential)

Additional Donation:

___ \$25 ___ \$50 ___ \$100 _____ please specify amount

Payment information:

___ Check (made payable to **Autism Society Central Virginia**) ___ Visa ___ Mastercard

Name on card: _____ Expiration: _____

Card #: _____

CVV# (security code on back of card) _____ **or join online at www.ascv.org**

Signature: _____

How would you prefer to receive your newsletter: by mail electronically

Which free gift may we send you: car magnet refrigerator magnet no gift needed

New Members, how did you hear about the ASCV? family friend internet other _____

Please mail, email, or fax with payment to:
Autism Society Central Virginia
200 South 3rd Street
Richmond, VA 23219
outreach@ascv.org (email)
(804) 655-0484 (fax)